



## Delegation of Authority

I, \_\_\_\_\_ authorize CCHS Medical Staff Office to be my delegate for the purposes of registering for the Medi-Cal EHR Incentive Program. This document authorizes my delegate to enter the State Level Registry on my behalf, using my National Provider Identifier (NPI) number and Tax Identification Number (TIN) to establish an account. My delegate will also be authorized to enter all registration information on my behalf. However, I will personally review and sign the attestation form that verifies the accuracy of the information that my delegate will submit on my behalf.

I understand that I am not required to delegate my authority to register in the State Level Registry. If I have not already received one, my delegate will provide me with the user ID and password for my account. I understand that I can at any point change my user ID and password, so that I alone control my account.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

One of the following Medical Staff Office personnel will be assigned as your delegate:

Catherine Zonfrello  
Cheryl Goodwin  
Chris Houser  
Sue Pfister  
Stacy Lee  
Ziv Tzvieli